



Bernard's Camping Checklist

CLOTHING

Clothing						
Item	Person 1: _____	<input checked="" type="checkbox"/>	Person 2: _____	<input checked="" type="checkbox"/>	Other	<input checked="" type="checkbox"/>
Hat	Xmas Pud	<input type="checkbox"/>		<input type="checkbox"/>	Quick Dry Towel	<input type="checkbox"/>
Waterproof Coat	Orange Kayak	<input type="checkbox"/>		<input type="checkbox"/>	Sleeping Bag	<input type="checkbox"/>
Hoodie/Jumper	Blue Lite Weight	<input type="checkbox"/>		<input type="checkbox"/>	Sleeping Mat x2	<input type="checkbox"/>
Tshirt	3: Blue/Camo/ Black	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Gloves	Small Magic Ones	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Trousers	Camo & Jean Shorts	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Waterproof Trousers	Black	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Underpants	___x Large Ones	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Socks	___x Work Ones	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Shoes	Hiking & Sandles	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Toiletries						
Item		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Other	<input checked="" type="checkbox"/>
Wet Wipes	(Jackson Reece's Herbal Biodegradable)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Dry Shampoo	(Batiste's Cherry)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Liquid Soap	(Dr. Bronners 18-in-10 Hemp Peppermint)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Shampoo Bar & Tin	(Lush's Snow Fairy)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Hand Gel	(Cussons Carex Aloe Vera)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Toothpaste	(Arm & Hammer Baking Soda)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Toothbrush		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Tissues		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Deodorant		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Loo Roll		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Electronics						
Item		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Other	<input checked="" type="checkbox"/>
Portable charger	(Urbo Digital Luggage Scale 6000mAh)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Phone charger cables	(iPhone/USB-C/USB-B)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
USB fairy lights	(AA Pack, USB Pack & Luci Solar String Lights)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Torches	(Headtorches, Handtorch...)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Bluetooth speaker		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Mobile Phones		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Mosquito Light		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Fire/Cooking						
Item		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Other	<input checked="" type="checkbox"/>
Kindle		<input type="checkbox"/>		<input type="checkbox"/>	...x Wooden Knife	<input type="checkbox"/>
Coal		<input type="checkbox"/>		<input type="checkbox"/>	...x Wooden Fork	<input type="checkbox"/>
Fuel - liquid:	(Vango Bio-Ethanol)	<input type="checkbox"/>		<input type="checkbox"/>	...x Wooden Spoon	<input type="checkbox"/>
Fuel - gas:	(Butane 220g Tall Cartridge/IsoButane-Propane Fat C200 Can)	<input type="checkbox"/>		<input type="checkbox"/>	...x Napkins	<input type="checkbox"/>
Trangia	(2x Saucepan, Frying Pan, Kettle & Gel Pot)	<input type="checkbox"/>		<input type="checkbox"/>	1x Spatula	<input type="checkbox"/>
Uno Portable Gas Stove	(Grey Square)	<input type="checkbox"/>		<input type="checkbox"/>	1x Tea Towel	<input type="checkbox"/>
Mini Fold Up Stove	(Red Box)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Mug Handle Stove	(Red & Black Powerfix)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Fire Lighter		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

FOOD

Food List					
Day 1:	[_21st_ day]	Meal	<input checked="" type="checkbox"/>	Other	<input checked="" type="checkbox"/>
At Home		(Breakfast)	<input type="checkbox"/>		<input type="checkbox"/>
		(Breakfast)	<input type="checkbox"/>		<input type="checkbox"/>
		(Breakfast)	<input type="checkbox"/>		<input type="checkbox"/>
		(Breakfast)	<input type="checkbox"/>		<input type="checkbox"/>
Sandwich		(Lunch)	<input type="checkbox"/>	Water Bottle	<input type="checkbox"/>
		(Lunch)	<input type="checkbox"/>	Nuts	<input type="checkbox"/>
		(Lunch)	<input type="checkbox"/>	Flapjack	<input type="checkbox"/>
Pasta		(Evening)	<input type="checkbox"/>	Olive Oil	<input type="checkbox"/>
		(Evening)	<input type="checkbox"/>	Cuppa Soup	<input type="checkbox"/>
		(Evening)	<input type="checkbox"/>	Herbal Tea	<input type="checkbox"/>
		(Evening)	<input type="checkbox"/>		<input type="checkbox"/>
Day 2:	[____ day]		<input checked="" type="checkbox"/>	Other	<input checked="" type="checkbox"/>
Eggs, Bacon, Mushrooms		(Breakfast)	<input type="checkbox"/>	Coffee	<input type="checkbox"/>
Porridge		(Breakfast)	<input type="checkbox"/>	Tea	<input type="checkbox"/>
		(Breakfast)	<input type="checkbox"/>		<input type="checkbox"/>
		(Breakfast)	<input type="checkbox"/>		<input type="checkbox"/>
		(Lunch)	<input type="checkbox"/>		<input type="checkbox"/>
		(Lunch)	<input type="checkbox"/>		<input type="checkbox"/>
		(Lunch)	<input type="checkbox"/>		<input type="checkbox"/>
		(Evening)	<input type="checkbox"/>		<input type="checkbox"/>
		(Evening)	<input type="checkbox"/>		<input type="checkbox"/>
		(Evening)	<input type="checkbox"/>		<input type="checkbox"/>
		(Evening)	<input type="checkbox"/>		<input type="checkbox"/>
Day 3:	[____ day]		<input checked="" type="checkbox"/>	Other	<input checked="" type="checkbox"/>
		(Breakfast)	<input type="checkbox"/>		<input type="checkbox"/>
		(Breakfast)	<input type="checkbox"/>		<input type="checkbox"/>
		(Breakfast)	<input type="checkbox"/>		<input type="checkbox"/>
		(Breakfast)	<input type="checkbox"/>		<input type="checkbox"/>
		(Lunch)	<input type="checkbox"/>		<input type="checkbox"/>
		(Lunch)	<input type="checkbox"/>		<input type="checkbox"/>
		(Lunch)	<input type="checkbox"/>		<input type="checkbox"/>
		(Evening)	<input type="checkbox"/>		<input type="checkbox"/>
		(Evening)	<input type="checkbox"/>		<input type="checkbox"/>
		(Evening)	<input type="checkbox"/>		<input type="checkbox"/>
		(Evening)	<input type="checkbox"/>		<input type="checkbox"/>
Day 4:	[____ day]		<input checked="" type="checkbox"/>	Other	<input checked="" type="checkbox"/>
		(Breakfast)	<input type="checkbox"/>		<input type="checkbox"/>
		(Breakfast)	<input type="checkbox"/>		<input type="checkbox"/>
		(Breakfast)	<input type="checkbox"/>		<input type="checkbox"/>
		(Breakfast)	<input type="checkbox"/>		<input type="checkbox"/>
		(Lunch)	<input type="checkbox"/>		<input type="checkbox"/>
		(Lunch)	<input type="checkbox"/>		<input type="checkbox"/>
		(Lunch)	<input type="checkbox"/>		<input type="checkbox"/>
		(Lunch)	<input type="checkbox"/>		<input type="checkbox"/>
		(Evening)	<input type="checkbox"/>		<input type="checkbox"/>
		(Evening)	<input type="checkbox"/>		<input type="checkbox"/>
Fast Food Drive- in		(Evening)	<input type="checkbox"/>		<input type="checkbox"/>

TRAVEL

Days	Date	Country	City/Village	Details	Transport	Hrs/Km	Depart	Arrive	Cost
Day 1	20 October 2024	Spain	As Pontes		Car	3h/340k	08:00	11:00	50
Day 2									
Day 3									
Day 4									
Day 5									
Total Cost:							£0.00		

Bernards Camping Checklist

COSTS

Costs:		
Areas	Total in £:	<input checked="" type="checkbox"/>
Travel Fuel (£.....110 (x 4.5) =495 X150 Miles /40mpg - Return Trip)	e.g. 18.56	<input type="checkbox"/>
Travel Fuel = (cost of fuel per litre x 4.5) cost of fuel per gallon X (trip distance / fuel consumption (mpg))		<input type="checkbox"/>
Cooking Fuel (£..... Gas + £.....Gel)		<input type="checkbox"/>
Food (£..... Person 1 + £..... Person 2 + £..... Person 3)		<input type="checkbox"/>
Campsite Fee		<input type="checkbox"/>
(.....:..... Check In +:..... Check Out)		<input type="checkbox"/>
(Cold / Hot Showers & Toilets)		<input type="checkbox"/>
(Campfire)		<input type="checkbox"/>
Wood		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Notes

